



THE NEWARK FIRE DEPARTMENT HISTORICAL ASSOCIATION
ANTIQUE FIRE APPARATUS

M U S T E R

ALL FIREMEN, FIRE BUFFS, THEIR FAMILIES AND FRIENDS are cordially invited to attend the Newark Fire Department Historical Association's Muster, celebrating the 19th Anniversary of the opening of the Newark Fire Museum.

ALL DEPARTMENTS, ORGANIZATIONS AND PERSONS OWNING VEHICLES MANUFACTURED PRIOR to 1962 are invited to enter the competitions. The application form **MUST** be completed and returned by Monday, May 19, 1986, for entry. SORRY, NOT LATE ENTRIES CAN COMPETE FOR TROPHIES.

BEGINNING AT 12 O'CLOCK, exhibitions and programs will be open in the Museum Buildings. A band will entertain. Anniversary mugs and souvenirs will be available.

APPARATUS WILL BE PARKED adjacent to the Fire Museum and the Garden. Trophies will be awarded in this area or in the Main Museum building in the event of rain.

THE FIRE APPARATUS MODEL BUILDERS ASSOCIATION, mustering with us to exhibit prize-winning, hand-built models of antique and modern fire apparatus.

THE NEWARK FIRE SAFETY TASK FORCE will offer a fire safety movie and other activities for young children in The Newark Museum.

QUESTIONS may be directed to The Newark Museum (201-733-6600) or Batt. Chief Tim Henderson (201-733-7456, Newark F.D.), Parade Marshall.

WE LOOK FORWARD to greeting you on June 1, 1986. WE MARCH, RAIN OR SHINE!

Battalion Chief Ed Hester, N.F.D., ret.
President, N.F.D.H.A.

SUNDAY, JUNE 1, 1986

PARADE
PRIZES

12-4:30 P.M.

EXHIBITS
BAND CONCERT

**AT THE NEWARK MUSEUM
49 WASHINGTON STREET
NEWARK, NEW JERSEY 07101**

ENTRY APPLICATION 19th Anniversary Muster, N.F.D.H.A., June 1, 1986

Please complete and return by May 19 to: N.F.D.H.A., c/o The Newark Museum, P.O. Box 540, Newark, N.J. 07101

We would like to enter Class _____ We cannot attend but send information for your files _____
(See over for Classes Offered)

MUNICIPALLY OWNED, FIRE DEPARTMENT COMPANY,
NAME OF OWNER: _____

PRIVATELY OWNED
NAME OF OWNER(S): _____

Address: _____
street, municipality, state, zip

Address: _____
street, municipality, state, zip

Note: Registration data for vehicle and/or Proof of Ownership may be requested.

APPARATUS, MARCHING UNIT, ETC. ENTERED:

Year of manufacture _____ Name of manufacturer (Ahrens-Fox? Ford?)

How powered? (steam?
hand drawn? gasoline
engine?)

Type of apparatus
(hose cart? pumper?)

Other apparatus competing for trophies (describe):

Back-up rig not competing for trophies (describe):

Bringing color guard? (yes or no):

Trailer, etc.? (yes or no):

IMPORTANT: See over!